

INSTRUCTOR/COORDINATOR
RENEWAL APPLICATION



1. Name: _____
(Last Name) (First Name) (MI)

2. Mailing Address: _____
City: _____ State: _____ Zip: _____

3. Daytime Phone#: (____) _____ Cell phone # (optional) _____

4. E-mail: _____

5. Date of Birth: ____/____/____

6. Social Security #: ____-____-____ The following statement is made pursuant to the Privacy Act of 1974, §7(b):
Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

7. Do you now hold, or have you ever held, a Maine EMS license at any level? yes: _____ no: _____

If yes, what is the: license number? _____ license level? _____ expiration date? _____

8. What is your: I/C number? _____ I/C level? _____ expiration date? _____

9. With what EMS services are you affiliated? (List service#) ____ ____ ____

10. What type of training are you using for certification? (Attach certificate or CEH report)

____ Maine EMS approved Continuing Education Hours (CEH)

____ Other (Please explain and attach documentation)

11. Have you ever been convicted* of any criminal offense***? _____ Yes _____ No

(*“Convicted” means a finding of guilty, or a finding of not guilty by reason of insanity or mental disease or defect.

***“Criminal offense” is one that is punishable by a possible period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating Under the Influence or Operating After Suspension.)

12. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? _____ Yes _____ No

13. Are charges pending against you in any state or Federal court? _____ Yes _____ No

14. Have you ever had any action taken against any professional license or certification you currently hold or have ever held? _____ Yes _____ No

(Complete section A on the reverse side if you answered “yes” to any of questions 11, 12, 13 or 14 above. Failure to provide this information may result in certification/license revocation)

15. I certify that the statements contained in this application are correct to the best of my knowledge and that I am eligible for Instructor Coordinator certification at the level requested in accordance with Maine statutes and EMS rules. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my certification/license by Maine EMS.

Signature of applicant: _____

Date: _____

FOR OFFICE USE ONLY

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- ☐ Logged
☐ Entered
☐ Flagged
☐ Issued

Approved by: _____

Course date: _____

CEH date: _____

Reciprocity State: _____

Comments: _____

Section A: History of convictions, pending charges, or action taken against a professional license

If you answered yes to any of questions 11, 12, 13 or 14, you must provide the information requested below. (Attach additional sheets if necessary):

Type/Name of Offense or Action:	Date of Offense or Action:	Location of Offense or Action:	Name of Authority/Court:	Action Taken:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Before you mail in your application:

- **Complete all required sections by clearly printing (in ink) or typing the requested information**
- **Attach all required documentation for renewal of your certification**
- **Disclose all criminal convictions, pending charges and actions against other professional licenses**
- **Read and understand the certification statement and sign the application (in ink).**

Return your signed application (photocopied signatures cannot be accepted) to:

**Maine EMS
Maine Commerce Center
45 Commerce Drive, Suite 1
152 State House Station
Augusta, ME 04333-0152**

Tel (207) 626-3860